

ECS Configuration Change Request

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CCR No. 97-0081	Logged Date	Rev. -	Request Type CCR
Priority Routine <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Emergency <input type="checkbox"/>	Affected Release A		Change Class II
Title (description) Add clarification to FOS Level 4 requirements.			
Documents Affected		Source Nos (RID, NCR, Action Item, GSFC CCR, etc.) or Tech Reference ECSed04367, ECSed04455, ECSed04449	
RTM Change <input checked="" type="checkbox"/> Start New Baseline <input type="checkbox"/>			
Problem During the FOS acceptance testing, the SI&T & IATO groups requested clarification of several FOS Level 4 requirements. For F-DMS-00770, "Data Source" should have been deleted from the requirement, since it pertains to ground telemetry (DSN monitor blocks). The requirement for DSN monitor blocks was deleted by ESDIS.			
Proposed Solution Update F-DMS-00160, F-DMS-00770, and F-ANA-08010 as shown in the attachments.			
Impact Analysis: Organizations Affected: BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ECS Chief Eng <input type="checkbox"/> FOS <input checked="" type="checkbox"/> M&O <input type="checkbox"/> Procurement <input type="checkbox"/> QO <input checked="" type="checkbox"/> Rel. Dev <input type="checkbox"/> Rel. A <input type="checkbox"/> Rel. C <input type="checkbox"/> SCDO Arch. <input type="checkbox"/> Science Off <input type="checkbox"/> Security <input type="checkbox"/> Subcontract <input type="checkbox"/> Sys. Eng <input type="checkbox"/> Sys Verf Acpt <input checked="" type="checkbox"/>			
Cost: None <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> (Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000)			
Schedule: None <input type="checkbox"/> Other _____ Additional LOC _____ Man-Months _____ Materials _____			
Originator Carol Chachulski _____ Signature _____ Date _____			
Office FOS _____ Office Manager _____ Signature _____ Date _____			
Disposition Approved <input type="checkbox"/> Approved w/Comment <input type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/> Comments: CCB Chairperson _____ Signature _____ Date _____			